

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

18672

Registrar's No.

766

Registration District No.

Primary Registration District No.

5935

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
Route 6 (six miles southwest of Sedalia)
(d) Length of stay: In hospital or institution
lifetime in Pettis County
In this community lifetime in Pettis County
years, months or days

3. (a) PRINT FULL NAME

Marguerite Olive Mettenburg

3. (b) If veteran,
name war

none

3. (c) Social Security
No.

None

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife John R. Mettenburg
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased February 19, 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 3 3 br. min.

9. Birthplace Georgetown, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

MOTHER FATHER { 12. Name John G. Jaeckels
13. Birthplace Hamburg, Germany
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Collister
15. Birthplace Centerview, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Cole (sister)

(b) Address Route 6, Sedalia, Mo.

17. (a) Burial (b) Date thereof 5/24/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Herman

18. (a) Signature of funeral director Ewing Funeral Home
(b) Address Sedalia, Missouri

19. (a) 5/22/43 (b) Anna Berger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(d) Street No. Route 4 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22,
year 1943 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from
May 15, 1943 to May 22, 1943
that I last saw him alive on May 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Brain Tumor
Long duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration
12 hrs
3 mos
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature April G. Thomas (M. D. or other)
Address 115 W 9 Sedalia Mo Date signed 5-22-43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 6-3-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

James E. Richard

Licensed Embalmer No. 2466

P.O. Address: *Lipton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 274

Primary Registration District No. 5985

Registrar's No. 166

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia Sedalia Sup
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rout 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Marguerite O. Mettenberg

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color & race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased Feb

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

31

2

min.

9. Birthplace _____

(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____

(City, town, or county)

(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)

(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____
(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____
(Date received local registrar)

(b) _____

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar Day 22
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him/her alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death Cerebral hemorrhage

Due to Brain tumor
History duration 7
2 mo

Due to no autopsy allowed

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____

(Specify type of place)

(e) Means of injury _____

23. Signature Alfred G. Monner (M. D. or other)

Address 111 W 4 Sedalia Mo Date signed 6-9-43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-18672